



Alameda County Coroner's Bureau
Gregory J. Ahern, Sheriff/Coroner
2901 Peralta Oaks Court, Oakland, CA 94605
(510) 382-3000

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE)			TENTATIVE I UNIDENTIFIED		CASE NUMBER		
	WILHITE, Edward Laron					2014-01248		
	REPORTED BY		REPORTED BY PHONE		REPORTING AGENCY		REFERENCE NUMBER	
	Dep. Bagwell #1020				Alameda County Sheriff's Office-ETS			
DECEDENT	INVESTIGATOR		CALL DATE AND TIME		CASE TYPE			
	CHARLES FRAZIER,		4/22/2014 0732		Removal Case			
	DATE AND TIME OF DEATH		DATE OF BIRTH		AGE	GENDER	RACE	
	4/22/2014 0726		11/16/1973		40 Years	Male	African-American	
					MARITAL STATUS	VET		
				Divorced				
DEATH	HGT	WGT	EYE COLOR	HAIR COLOR	OCCUPATION	EMPLOYER		
			Brown	Black	Never worked			
	Preliminary Summary:							
NOTIFIC.	LOCATION OF DEATH			LOC TYPE				
	Valley Care Medical Center			HOSP				
	ADDRESS (STREET, CITY, STATE, ZIP)			COUNTY				
	5555 W. Las Positas Boulevard, Pleasanton, CA, 94588			Alameda				
	Manner	Accident	Death Certificate Signed By R. LORENZANA, DEPUTY CORONER					
	Cause A	ACUTE COCAINE TOXICITY					Interval	Hours
	Cause B						Interval	
	Cause C						Interval	
INCIDENT	Cause D						Interval	
	Other Significant Conditions	HYPERTENSIVE CARDIOVASCULAR DISEASE, SEIZURE DISORDER						
DISP	LEGAL NEXT OF KIN		RELATIONSHIP		TELEPHONE NO.			
	NOTIFIED BY		METHOD		DATE AND TIME			
	Howard Baron		Coroner/telephone					
DISP	IDENTIFICATION METHOD		DATE AND TIME					
	Personal Identification		4/22/2014 0726					
	LOCATION OF INCIDENT			AT WORK				
	Santa Rita Jail							
DISP	ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY		DATE AND TIME OF INCIDENT			
	5325 Broader Boulevard, Dublin, CA, 94568		Alameda		4/22/2014 0630			
	INVESTIGATING AGENCY		INV AGENCY PHONE NUMBER		OFFICER			
	Alameda County Sheriff's Office-ETS							
DISP	FUNERAL HOME		BODY RELEASE TO FUNERAL HOME ON					
	BAKER ATKINS MORTUARY		4/28/2014 1440					
	Full Autopsy Partial Autopsy Inspection Record Review Inspection w/Specimen		EXAM BY					
		JUDY MELINEK						



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94607-3829

(510) 268-7300 / (510) 268-7333 (fax)

Investigator Narrative

Decedent: WILHITE, Edward Laron

Case Number: 2014-01248

Investigator: Charles Frazier

First Call Information:

On Tuesday, April 22, 2014, about 0732 hours, Deputy S. BAGWELL #1020 of the Alameda County Sheriff's Office, Santa Rita Jail called and reported the undetermined manner of death of 40-year-old male, Edward WILHITE. WILHITE was an in-custody inmate who was transported and pronounced dead at Valley Care Medical Center in Pleasanton. Deputy BAGWELL reported the following:

On Tuesday, April 22, 2014, about 0630 hours, inmate WILHITE was found by a deputy unresponsive in an isolation cell. His medical history was unknown at the time of the first call. (CEF1691)

Medical Summary:

According to the Paramedics Plus run sheet, #M3520_9914040204, incident #4040204, on Tuesday, April 22, 2014, about 0640 hours, they responded to the Santa Rita Jail in Dublin. Initially they went to the jail infirmary, but were advised inmate WILHITE was located in Housing Unit 33.



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About 0644 hours, Paramedics Plus paramedics arrived at Housing Unit 33 and located WILHITE. Alameda County Fire Paramedics had already arrived and initiated CPR with the Lucas device. They were in the process of intubating and starting an I.O. in his right tibia. About 0630 hours, the housing unit deputy found WILHITE unresponsive, pulseless and not breathing and initiated CPR. WILHITE'S blood glucose was 66 MG/DL. WILHITE had a past medical history of [REDACTED] [REDACTED] [REDACTED] Paramedics performed life-saving measures, then placed him in the ambulance and transported him to the Valley Medical Center emergency department in Pleasanton. (CEF1691)

According to jail records, WILHITE had a medical history of [REDACTED]

On April 23, 2014, medical records were requested, via fax, and received from Highland Hospital. I placed one copy inside the case file and a second copy was placed in the pathology inbox for review. (CEF1691)

Description of the Death/ Injury Scene:

On Tuesday, April 22, 2014, about 0726 hours, WILHITE was pronounced dead in the emergency department at Valley Medical Center in Pleasanton. (CEF1691)

WILHITE was found unresponsive in the Housing Unit 33 isolation cell. Two breakfast trays and a small container of milk (opened) was located on a bench inside the cell. Photographs of the cell were taken and depict partially eaten food including grits, potatoes, bread, milk and honey. (HLB4733)



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Body Identification:

On Tuesday, April 22, 2014, I (FRAZIER) identified WILHITE by comparing his likeness to the photo on his CRIMS booking printout; it was a match. WILHITE'S PFN (person file number) is [REDACTED]. I searched the Cal PHOTO database and located his California Driver License [REDACTED] with his image and personal description. I compared the photo and description to WILHITE'S likeness, it was a match.

While at the Valley Medical Center conducting the removal, I used the hospital wristband to identify WILHITE. (CEF1691)

On April 24, 2014, about 0630 hours, I (BORDI) received a fax from the Central Identification Bureau (CIB) regarding the identification of WILHITE. The fax stated CIB compared WILHITE'S fingerprints to the fingerprints associated with WILHITE'S personal file number (PFN) [REDACTED]. CIB determined the fingerprints were made by the same subject. (EB1879)

Next of Kin Investigation:

WILHITE'S next of kin were unknown at time of removal. WILHITE was also listed as a transient. On Tuesday, I (FRAZIER) searched the Accurant database and located a possible ex-wife named [REDACTED] an [REDACTED] resident.

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On Wednesday, April 23, 2014, at 1030 hours, I (BARON) spoke with [REDACTED] on the telephone. [REDACTED] told me she was married to WILHITE, but they were divorced in 1999. [REDACTED] stated she still had periodic contact with WILHITE and last saw him approximately one month ago. [REDACTED] stated WILHITE'S mother and grandmother are deceased and he has been estranged from all family for a very long time. [REDACTED] stated the only family she was aware of for WILHITE was an aunt who possibly lives in the City of [REDACTED] but stated she did not know her name or address. [REDACTED] stated WILHITE might also have an adult child (daughter) with whom he has had no contact with, but again she could not provide me with a name or address. [REDACTED] stated she has continually been contacted over the years in situations regarding WILHITE because he would often list her as his contact information. [REDACTED] stated she would make some telephone calls and attempt to locate information on the name or address of WILHITE'S aunt. (HLB4733)

On Wednesday, April 23, 2014, about 1900 hours, I (WILLIAMS) received a telephone call from Lt. NOBRIGA of Santa Rita Jail. Lt. NOBRIGA said she received a call from [REDACTED] who claimed to be the brother of WILHITE. She requested our office contact [REDACTED] about the death.

About 1910 hours, I called and spoke with [REDACTED]. [REDACTED] told me his brother (WILHITE) did not have any children, and said he had been divorced from [REDACTED] for several years. [REDACTED] said both their parents are deceased, thus making him [REDACTED] the legal next of kin. (AJW3829)

About 2100 hours, I (WILLIAMS) received a telephone call from [REDACTED] who identified herself as WILHITE'S daughter. [REDACTED] said she had been informed of the death through family friends, and she wanted to know why no one from the jail had contacted her. I informed [REDACTED] I had spoken earlier with [REDACTED] and he was informed about her father. [REDACTED] informed me WILHITE has two daughters, her sister [REDACTED] and herself. I informed [REDACTED] that she and her sister are considered the legal next of kin for her father. (AJW3829)



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Other Agency Reports:

Refer to Alameda County Sheriff's Office report number 14-006922, written by Deputy Z. JARVIS #2148.

Refer to Paramedics Plus Run Sheet #M3520_9914040204, incident #4040204. (CEF1691)

Property and Evidence:

On Tuesday, April 22, 2014, about 0951 hours, Sergeant H. BARON and I (FRAZIER) removed WILHITE from the Emergency Department of Valley Care Medical Center in Pleasanton. Sergeant BARON took digital pictures of WILHITE and we placed paper bags over both hands to protect trace evidence; we secured the bags with plastic zip ties. I issued Coroner's receipt number 34659 and documented the inmate clothing, which was left on his body for autopsy. (CEF1691)

Coroners Fees:

At the time of removal, Coroner's fees were \$67.00 for body preparation. If foul play is ruled out after further investigation and autopsy, an additional body removal fee will apply (\$254).

Nothing suspicious was found at the time of autopsy. Coroner's fees are \$321.00 for body removal and body preparation. (CEF1691)

Other Investigative Details/ Supplemental Information:

On Tuesday, April 22, 2014, about 0951 hours, Sergeant H. BARON and I (FRAZIER) arrived to the Emergency Department at Valley Care Medical Center in Pleasanton to investigate and complete the removal. We met with Registered Nurse Joy PAYNE. She escorted us to WILHITE'S body. I completed



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a limited external examination. WHILHITE was face up on the hospital gurney; his shirt was removed and his chest was exposed. Medical therapy was present consisting of IV's, intubation tubing, defibrillator pads, and cardiac monitoring pads. WILHITE was wearing inmate clothing consisting of pants, boxers, and socks. His jail-issued and hospital-issued identification bands were located on his left wrist. His eyes were bloodshot red. Several digital photographs were taken of WHILHITE at the hospital. I issued Coroner's receipt number 34659 for the body and clothing. No admit blood specimens were available. I placed paper bags over WHILHITE'S hands and secured them in place with plastic zip lock ties.

We transported WILHITE to the Coroner's Bureau, took intake photographs and processed his body into the morgue. (CEF1691)

On Sunday, April 20, 2014, about 1655 hours, WILHITE was arrested. On Monday, April 21, 2014, about 0354 hours, he was booked into the Santa Rita Jail. (CEF1691)

On Tuesday, April 22, 2014, about 1010 hours, Sergeant BARON and I (FRAZIER) went to Santa Rita Jail to continue our investigation of this incident in Housing Unit 33. (CEF1691)

On Tuesday, April 22, 2014, about 1100 hours, I (BARON) was present when Deputy FRAZIER and Deputy JARVIS discussed the last time Deputy JARVIS had contact with WILHITE prior to him being found unresponsive. Deputy JARVIS stated he arrived to work in Housing Unit 33, about 0530 hours, and looked inside the isolation cell as he does every day at the start of his shift. Deputy JARVIS stated he saw an inmate, who he later identified as WILHITE, sitting on the cell bench with his knees propped up. Deputy JARVIS stated WILHITE did not seem to be exhibiting any signs of distress such as drug or alcohol withdrawal symptoms, body tremors, or shaking. Deputy JARVIS stated he greeted WILHITE



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and asked him if he was "ok?" Deputy JARVIS stated WILHITE waved his hand at him and said, "I'm good." Deputy JARVIS stated he then asked his partner (Deputy SLAUGHTER), who was working the midnight shift (1900-0700 hours) in Housing Unit 33, why WILHITE was inside the isolation cell. Deputy JARVIS stated Deputy SLAUGHTER told him he was placing WILHITE in the multi-purpose room to be picked up for his scheduled court appointment when WILHITE asked if he could go into the isolation cell to use the restroom.

I viewed Deputy SLAUGHTER'S incident report and it states, at 0450 hours, Deputy SLAUGHTER placed WILHITE in the isolation cell, alone, to use the restroom. Deputy SLAUGHTER stated WILHITE did not appear to be in distress and walked into the isolation cell under his own power. Deputy SLAUGHTER said he checked on WILHITE and saw him seated on the toilet.

At 0625 hours, Deputy JARVIS went to remove WILHITE from the isolation cell to join the other inmates for court, and he found WILHITE unresponsive on the cell bench. (HLB4733)

During the pathologist's review of WILHITE'S medical records from Santa Rita Jail, it was noted WILHITE had possible [REDACTED]

When I (BARON) spoke to WILHITE'S ex-wife [REDACTED] I asked her if she was aware of any time WILHITE had sustained head trauma or had he possibly been victim to a gunshot wound. [REDACTED] stated she continued to have contact with WILHITE since their divorce in 1999 and she was unaware of any time WILHITE had been the victim of any gunshot wounds. She did state he may have been hit on the head with a stick but could not recall any major head trauma. She said he took [REDACTED] medication, but not all the time like he should have. (HLB4733)

On Wednesday, April 23, 2014, about 1910 hours, I (WILLIAMS) spoke with [REDACTED] WILHITE'S brother, and legal next of kin.



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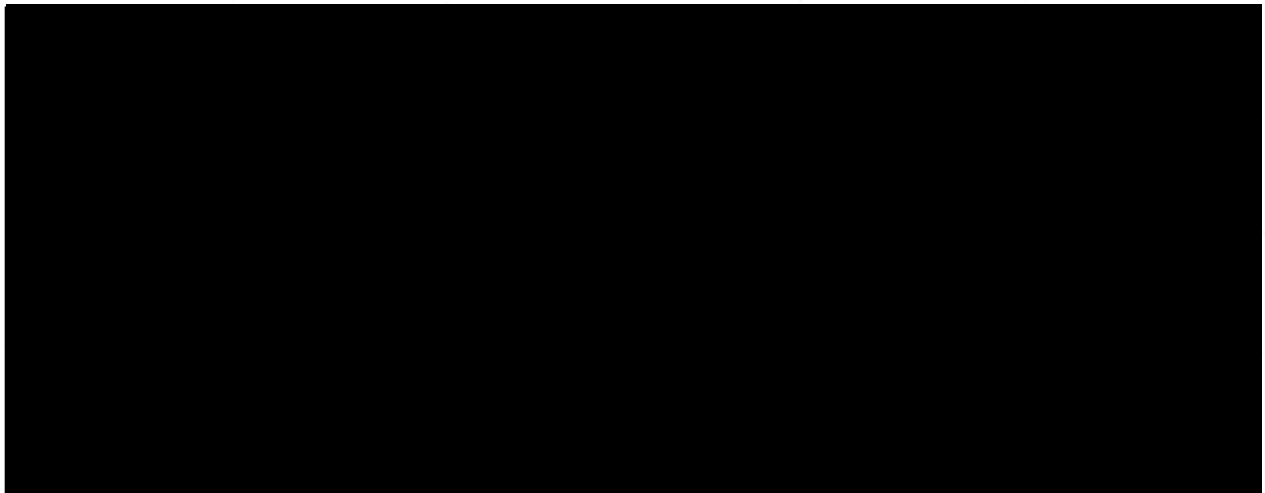
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██████████ described his brother's health as terrible. He said that although the news of his brother's death was a surprise, he did not find it shocking. ██████████ said his brother had a lot of issues, and constantly used illicit drugs. ██████████ said he would work on making some sort of arrangements for his brother, and would contact our office with further information. (AJW3829)

On Tuesday, October 28, 2014, about 0900 hours, I (FRAZIER) reviewed WILHITE'S jail records and movement history and it showed the following:



Per jail records, on Tuesday April 22, 2014, about 0450 hours, prior to going to court, WILHITE was instructed to go to the Housing Unit 33 Multipurpose Room and wait for the movement deputy. During this process, WILHITE asked if he could use the restroom. The housing unit deputy placed him inside the isolation cell, temporarily, so he could use the toilet.



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About 0625 hours, a deputy went to check on WILHITE and found him unresponsive. (CEF1691)

Findings:

On Monday, October 27, 2014, about 1000 hours, I (FRAZIER) reviewed this case for the purpose of establishing a manner of death. A full autopsy with toxicology was completed by Coroner's Pathologist, Dr. J. MELINEK. She determined the cause of death was [REDACTED]. After reviewing the cause of death and CVT toxicology report, I find this death to be an accident.

My finding was also based on interviews with Housing Unit 33 deputies and WILHITE'S family members who indicated WILHITE constantly abused illicit drugs. (CEF1691)

Supervisor Review:

On Monday, November 24, 2014, I (Sergeant P. GRAVES) reviewed this report and concur with the finding. I approve this case for closure. (PRG#1660)

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480 4th Street, Oakland, CA 94607-3829



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: April 23, 2014
FROM: Judy Melinek, M.D.
TO: Case File 2014-01248
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Edward Wilhite at the Coroner's Bureau, 480 4th Street, Oakland, California, on April 23, 2014, at 9:30 a.m.

AUTOPSY FINDINGS

- I. ACUTE AND CHRONIC SUBSTANCE ABUSE:
 - A. HISTORY OF ALCOHOL AND HEROIN ABUSE
 - 1. NO REPORTED SYMPTOMS OF WITHDRAWAL
 - 2. SEE TOXICOLOGY REPORT
 - a. COCAINE = 0.01 MG/L
 - b. BENZOYLECGONINE = 0.03 MG/L
 - c. ECGONINE METHYL ESTER = PRESENT
 - B. MILD HEPATITIS
 - 1. PORTAL LYMPHADENOPATHY
 - C. SEVERE PULMONARY ANTHRACOSIS AND EMPHYSEMATOUS CHANGES
 - 1. RIGHT VENTRICULAR HYPERTROPHY (0.7 CM)
 - 2. PLEURAL ADHESIONS, BILATERAL
 - 3. PULMONARY HILAR LYMPHADENOPATHY.
- II. HYPERTENSIVE CARDIOVASCULAR DISEASE (CLINICAL):
 - A. 450 GRAM HEART WITHOUT SIGNIFICANT ATHEROSCLEROSIS OR GROSS HYPERTENSIVE CHANGES
 - 1. MYOFIBER HYPERTROPHY - SEE MICROSCOPIC DESCRIPTION.
- III. SEIZURE DISORDER:
 - A. HISTORY OF POST-TRAUMATIC SEIZURES
 - B. NO APPARENT BRAIN INJURY
 - C. INTRAMUSCULAR HEMORRHAGE, TONGUE.
- IV. HISTORY OF REMOTE GUNSHOT WOUNDS (2004, 2012):
 - A. NO APPARENT VITAL INJURY.

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Body of EDWARD WILHITE

CAUSE OF DEATH: ACUTE COCAINE TOXICITY.

Other conditions: HYPERTENSIVE CARDIOVASCULAR
DISEASE, SEIZURE DISORDER.

cc: EMS
District Attorney
Investigations Bureau

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Body of EDWARD WILHITE

1 **PRELIMINARY EXAMINATION:** The body is identified by a Coroner's
2 label affixed to the left great toe. When first viewed, the
3 decedent is clad in blue elastic-waist pants, orange boxer
4 underpants, and two gray socks with brown paper bags encircling
5 both hands. The clothing is retained as evidence. There are no
6 accompanying valuables or effects.

7
8 **EXTERNAL EXAMINATION:** The body is of a well developed, thin and
9 muscular, well nourished adult black man whose appearance is
10 consistent with the reported age of 40 years. The body is cold
11 (refrigerated). Rigor mortis is marked and symmetric. Unfixed
12 purple livor mortis is minimally evident over the posterior
13 surfaces of the body, except in areas exposed to pressure.

14
15 The face is unremarkable without visible injury. The head is
16 atraumatic, symmetric, and normocephalic. The scalp is intact
17 and atraumatic. The scalp hair is dark brown, curly and
18 measures approximately 2 inches in length over the crown, where
19 it is styled in an "Afro" hair style. The eyelids are
20 atraumatic, intact, and unremarkable. The irides are brown.
21 The pupils are obscured by corneal clouding. The sclerae and
22 conjunctivae are unremarkable without petechiae, jaundice or

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Body of EDWARD WILHITE

23 hemorrhage. No petechial hemorrhages are identified on the
24 palpebral conjunctivae, bulbar conjunctivae, facial skin or oral
25 mucosa. The nose and ears are not unusual except for one pierce
26 mark in the left earlobe. The decedent wears a 1/8 inch stubble
27 in a mustache and beard distribution. The teeth are natural and
28 in good condition.

29

30 The neck is unremarkable. The trachea is palpable and midline.
31 The thorax is well developed and symmetrical. The abdomen is
32 flat. The anus and back are unremarkable. The penis is
33 circumcised. The testes are bilaterally descended in the
34 scrotum. The upper and lower extremities are well developed and
35 symmetrical, without absence of digits. There is no clubbing or
36 edema.

37

38 **EVIDENCE OF MEDICAL THERAPY:** Evidence of acute medical therapy
39 includes an endotracheal tube (secured with positioner and strap
40 and properly positioned on internal examination), eight
41 electrocardiogram patches on the chest and abdomen,
42 defibrillator patches on the chest and back, and a single-lumen
43 intravenous catheter at the left tibia. An Ambu bag accompanies
44 the body. Injuries associated with resuscitation include a

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Body of EDWARD WILHITE

45 2-1/2 by 1 inch curvilinear tan abrasion at the lower midline
46 chest, overlying the sternum.

47

48 **IDENTIFYING MARKS AND SCARS:** A polychromatic professional
49 tattoo depicting two hearts with a banner and indecipherable
50 writing is on the upper left chest. A 3 inch diagonal linear
51 well-healed scar is at the midline upper chest. A monochromatic
52 professional tattoo depicting a clown holding a gun, inscribed
53 "West Oakland," is on the volar right arm. A monochromatic
54 professional tattoo inscribed, possibly, "Stacey" is on the
55 upper outer left arm. Track marks (scars overlying subcutaneous
56 veins) include: a 2 inch diagonal linear well-healed scar at the
57 right antecubital fossa; two diagonal linear well-healed scars
58 measuring 2 inches and 3 inches at the back outer lower right
59 arm, below the elbow; and two well-healed scars at the left
60 lower arm and antecubital fossa, measuring 3/4 inch and 2
61 inches. Additional identifying marks and scars are not readily
62 identified.

63

64 **EVIDENCE OF INJURY:** A 1 inch aggregate of crusted punctate red
65 abrasions is at the inner right elbow. There are no acute fatal
66 traumatic injuries. There is no additional evidence of injury.

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Body of EDWARD WILHITE

67

68 **INTERNAL EXAMINATION:** The body is opened in the usual manner
69 with a Y-shaped incision. There are right anterior pleural
70 adhesions and focal left posterior pleural adhesions. There is
71 approximately 15 ml of serous fluid in the pericardial sac. No
72 other adhesions or abnormal collections of fluid are in any of
73 the body cavities. All body organs are in normal and anatomic
74 position. The serous surfaces are smooth and glistening. The
75 subcutaneous fat measures approximately 1/4 inch in maximum
76 thickness at the level of the umbilicus. There is diffuse
77 visceral congestion.

78

79 **HEAD AND CENTRAL NERVOUS SYSTEM:** Reflection of the scalp shows
80 the usual scattered reflection petechiae. The calvarium is
81 intact. The brain weighs 1,400 grams. The dura mater and falx
82 cerebri are unremarkable and the leptomeninges are thin and
83 delicate. The cerebral hemispheres are symmetrical with diffuse
84 cerebral edema, characterized by widening of the gyri and
85 effacement of the sulci. The structures at the base of the
86 brain, including cranial nerves and blood vessels, are free of
87 abnormality.

88

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Body of EDWARD WILHITE

89 Sections through the cerebral hemispheres reveal no lesions
90 within the cortex, subcortical white matter or deep parenchyma
91 of either hemisphere. The cerebral ventricles are of normal
92 caliber. Sections through the brain stem and cerebellum are
93 unremarkable. The first portion of the spinal cord, viewed
94 through the foramen magnum, is unremarkable.

95

96 **NECK:** The neck is dissected after the thoracoabdominal and
97 cranial contents are removed. Examination of the soft tissues
98 of the neck, including large vessels and strap muscles, reveals
99 no abnormalities. The superficial and deep muscles of the neck
100 are firm, red-brown, intact, and unremarkable without hemorrhage
101 or laceration. The hyoid bone and larynx are intact. The
102 tongue is normal except for a possible 0.5 cm faint abraded area
103 on the right side of the tongue.

104

105 **CARDIOVASCULAR SYSTEM:** The heart weighs 450 grams. The
106 epicardial surfaces are smooth, glistening, and unremarkable.
107 The coronary arteries arise normally and follow the distribution
108 of a right dominant pattern with no significant atherosclerosis.
109 The chambers demonstrate right ventricular hypertrophy, and the
110 valves bear the usual size/position relationship, are

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Body of EDWARD WILHITE

111 morphologically normal and are unremarkable. The valves are
112 free of vegetations. The myocardium is dark red-brown, firm,
113 and unremarkable. The atrial and ventricular septa are intact,
114 and the septum and free walls are free of muscular bulges.
115 There is no focal or regional fibrosis, erythema, pallor or
116 softening. The left ventricle measures 1.4 cm and the right
117 ventricle measures 0.7 cm in thickness as measured 1 cm below
118 the respective atrioventricular valve annulus. The
119 interventricular septum measures 1.3 cm in thickness. The aorta
120 and its major branches arise normally and follow the usual
121 course with no significant atherosclerosis. The orifices of the
122 major aortic vascular branches are patent. The vena cava and
123 its major tributaries return to the heart in the usual
124 distribution and are unremarkable.

125

126 **RESPIRATORY SYSTEM:** The right and left lungs weigh 420 and 350
127 grams, respectively. The upper and lower airways are patent and
128 the mucosal surfaces are smooth and remarkable for marked
129 anthracotic pigmentation of the subpleural lymphatics. The
130 pleural surfaces are smooth, glistening, and unremarkable. The
131 pulmonary parenchyma is black and red, and the cut surfaces
132 exude marked amounts of blood and frothy fluid. There are no

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Body of EDWARD WILHITE

133 masses, hemorrhages, consolidations, obstructions or destructive
134 emphysema. The pulmonary arteries are normally developed and
135 patent. There is no saddle embolus on *in situ* examination of
136 the pulmonary trunk.

137
138 **HEPATOBIILIARY SYSTEM:** The liver weighs 1,970 grams. The
139 hepatic capsule is intact, smooth and glistening, covering
140 slightly tan-brown parenchyma. The gallbladder contains
141 approximately 5 ml of green, viscid bile without stones. The
142 extrahepatic biliary tree appears to be patent.

143
144 **HEMATOPOIETIC SYSTEM:** The spleen weighs 190 grams and has a
145 smooth intact capsule covering red-purple, moderately firm
146 parenchyma. The splenic white pulp is grossly unremarkable.
147 The regional lymph nodes are remarkable for slight enlargement
148 of the lymph nodes at the porta hepatis, anthracotic
149 pigmentation and slight enlargement of the bilateral pulmonary
150 hilar lymph nodes. The bone marrow (rib) is red-purple.

151
152 **ENDOCRINE SYSTEM:** The pituitary gland is intact, normally
153 developed, and is unremarkable without laceration, hemorrhage,
154 or mass lesion. The thyroid gland is symmetric and unremarkable

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Body of EDWARD WILHITE

155 with a firm, red-brown, granular parenchyma and no cyst,
156 hemorrhage, fibrosis, or mass lesion. The adrenal glands are
157 normally situated and have soft, yellow cortices and soft, gray-
158 brown medullae. The pancreas has a soft, tan parenchyma with a
159 normal lobular architecture and no saponification, pseudocyst,
160 neoplasm, fibrosis, hemorrhage, or mineralization.

161
162 **GASTROINTESTINAL SYSTEM:** The esophagus is lined by gray-white,
163 smooth mucosa. The gastric mucosa is arranged in the usual
164 rugal folds, and the lumen contains approximately 25 ml of brown
165 fluid with a 6 by 2 by 2 cm chunk of white granular material
166 (consistent with grits). There are no pill fragments or foreign
167 bodies identified. The small and large bowels are unremarkable.
168 The appendix is unremarkable. The colon contains soft, brown
169 stool.

170
171 **GENITOURINARY SYSTEM:** The right and left kidneys weigh 190
172 grams, each. The renal capsules are smooth, thin,
173 semitransparent, and strip with ease from the underlying,
174 smooth, red-brown, firm, cortical surfaces. The cortices are of
175 normal thickness and well-delineated from the medullary
176 pyramids. The calyces, pelves, and ureters are unremarkable.

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Alameda County

Body of EDWARD WILHITE

177 The urinary bladder is empty. The mucosa is gray-tan and
178 smooth. The bilaterally descended testes are unremarkable. The
179 prostate is unremarkable.

180

181 **MUSCULOSKELETAL SYSTEM:** The skeleton is well developed and
182 without deformity or osteoporosis. The vertebrae, clavicles,
183 sternum, ribs, and pelvis are without fracture. The supporting
184 musculature and soft tissues are not unusual. The firm, red-
185 brown muscles are well hydrated and free of focal lesions. The
186 cervical spinal column is stable on internal palpation.

187

188 **Spec. to Pathology:** Portions of all major organs are fixed in
189 formalin and retained.

190

191 **Spec. to Histology:** Heart, lung, liver, spleen, adrenal,
192 pancreas, brain, and right tongue.

193

194 **Spec. to Toxicology:** Peripheral blood, central (heart, right
195 ventricle) blood, bile, brain, gastric
196 contents, liver, and vitreous humor.

197

198 **Physicians Present:** Drs. Judy Melinek and Paul Herrmann.

Sheriff-Coroner
Alameda County

Body of EDWARD WILHITE

199

200 **Forensic Techs:** Jesika Grubaugh, Odette Peña, and Herminia
201 Gutierrez.

202

203 **Evidence:** Blood spot on filter paper for DNA.

204

205

206

207

208

209 JM/cah

 10/30/17
Judy Melinek, M.D.



Case Name:

Wilhite,

Edward

TOXICOLOGY NUMBER: CVT-14-5624

32 ml peripheral blood labeled "Wilhite, Edward; 2014-01248; 04/23/2014"

Specimen Description:

Delivered by Tricor

Date 24-Apr-14

Received by Bill Posey

Date 24-Apr-14

Request: Complete Drug Screen

Agency Case # 2014-01248

Requesting Agency

Alameda Co. Coroner's Office

Attn: Acct's Payable

480 4th Street

Oakland CA 94607

Report To

Alameda Co. Coroner's Office

Attn: Dr. Melinek

480 4th Street

Oakland CA 94607

Specimen: Peripheral Blood Sample

RESULTS

Complete Drug Screen: Cocaine detected.

No other common acidic, neutral or basic drugs detected.

No Ethyl Alcohol detected.

Cocaine = 0.01 mg/L

Benzoylcegonine = 0.03 mg/L

Ecgonine Methyl Ester = Present

ENTERED
5/8/14

Blood Cocaine Ranges
Effective Level: (0.05 -0.3 mg/L)
Potentially Toxic: (0.25 - 5.0 mg/L)

Blood Benzoylcegonine Ranges
Effective Level: Non Active
Potentially Toxic: (1-10 mg/L)

B. L. Posey

May 01, 2014

B.L. POSEY
S.N. KIMBLE
Directors

1580 Tollhouse Road
Clovis, California 93611
Phone (559) 323-9940
Fax (559) 323-7502

Alameda County Sheriff's Office

Coroner's Bureau
480 4th Street, Oakland, CA 94607-3829



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

CASE NUMBER: 2014-01248	CASE NAME: Edward Wilhite
PATHOLOGIST: Judy Melinek, M.D.	HISTOLOGICAL EXAMINATION

Tissue or Organ x # of fragments and/or levels (slide ID)

BRAIN x 6 (1, 2, 6, 9): Sections of cervical cord, medulla, choroid plexus, cerebellum and hippocampus are unremarkable without specific pathologic changes. There is no hippocampal sclerosis noted or anoxic-ischemic changes.

HEART x 4 (3, 4, 7, 10): Slightly hypertrophied myocardium with myofiber hypertrophy, and nuclear enlargement; otherwise without infarct or inflammation. Unremarkable coronary arteries.

LIVER x 1 (5): Architecturally normal hepatic parenchyma with increased lymphocytes within the portal tracts with focal spillage past the limiting plate and piecemeal necrosis. There is no steatosis, Mallory's hyaline and there is a slight increase in portal fibrosis without bridging.

SPLEEN x 1 (5): Normal splenic parenchyma without specific pathologic changes.

KIDNEY x 1 (6): One sclerotic glomerulus with associated chronic inflammatory changes surrounding it. Otherwise normal glomerular and tubular architecture. No specific pathologic changes.

ADRENAL x 1 (6): Normal adrenal cortex and medullary architecture and cytology with no specific pathologic changes.

TONGUE x 1 (7): Focal intramuscular hemorrhage.

PANCREAS x 1 (7): Except for mild autolysis, normal endocrine and exocrine architecture and cytology with no specific pathologic changes.

LUNG x 3 (8, 10): Pulmonary anthracosis and emphysematous changes. Tracheal mucosa is denuded but has no surrounding inflammation. No polarizable crystals identified.

10/20/14 _____
Date Signature

M.D.